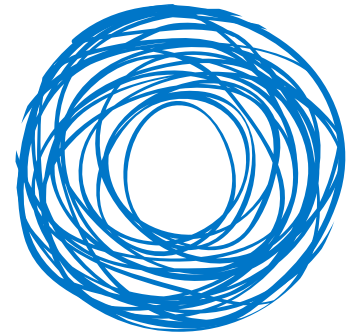


State of the art wide bore MRI and specialist reporting

BULK BILLED GP MRI REQUEST



Merrylands
medscan

Patient Details

Name _____

Address _____

Telephone _____

D.O.B _____

(Please tick region and appropriate indication)

Patients Over 16 Years

- Brain**
 - Chronic Headache
 - Seizures
- Cervical Spine**
 - Trauma
 - Radiculopathy
- Knee**
 - Acute trauma with inability to extend knee and suspected meniscal tear
 - Suspected ACL tear
- MRI Other**
(This will incur a private fee)

Patients Under 16 Years

- Brain** (Headaches, Seizures)
- Paranasal Sinuses**
- Knee*** (Internal Derangement)
- Hip***
 - Septic Arthritis
 - Perthes
 - Slipped Epiphysis
- Wrist*** (Scaphoid Fracture)
- Elbow*** (Fracture, Avulsion Injury)
- Spine***
 - Cervical
 - Thoracic
 - Lumbosacral
 - Pain
 - Trauma
- *X-ray required plus MRI**

*Medicare rules only permit paediatric MRI bulk billed for spine and joint if x-ray completed first.

BULK BILLED[#]

[#] Must meet Medicare criteria. Details over.

**For appointments
please phone
02 8861 9500**

Fax: 02 8861 9502
175 Pitt Street
Merrylands NSW 2160
Cnr Pitt Street and Neil Street

Dr John O'Rourke MBBS, FRANZCR
& Associates

Opening Hours
Monday - Friday 8am to 5:30pm
Saturday 8:30am to 12:30pm

**Free undercover parking.
Entry off Neil Street.**

Clinical Information

Referred By

Images Return with Patient Electronic Report/Image CD

Signature

More Personalised Referral Pads

www.medscan.com.au

Your doctor has recommended that you use Medscan Merrylands.
You may choose another provider but please discuss this with your doctor first.

**Free
undercover
parking
Entry off Neil St**

All examinations eligible for a Medicare rebate will be **Bulk Billed**



Patients Under 16 Years

Patients under 16 Years of Age

New GP requesting Items for persons under the age of 16 years, referred by a medical practitioner (excluding a specialist physician).

Brain

For a scan of the **BRAIN** for any of the following;

- unexplained seizure(s)
- unexplained headache where significant pathology is suspected
- paranasal sinus pathology which has not responded to conservative therapy

Spine

For a scan of the **SPINE** following radiographic examination for any of the following;

- significant trauma
- unexplained neck or back pain with associated neurological signs
- unexplained back pain where significant pathology is suspected

Wrist

For a scan of the **WRIST** following radiographic examination where scaphoid fracture is suspected.

Hip

For a scan of the **HIP** following radiographic examination for any of the following;

- suspected septic arthritis
- suspected slipped capital femoral epiphysis
- suspected Perthes disease

Elbow

For a scan of the **ELBOW** following radiographic examination where a significant fracture or avulsion injury is suspected that will change management.

Knee

For a scan of the **KNEE** following radiographic examination for internal joint derangement.

Patients Over 16 Years

MRI item description and explanatory notes online at www.mbsonline.gov.au

www.medscan.com.au

MRI Safety Questionnaire

MRI involves taking pictures of the body using a strong magnetic field. For your safety it is important that you read and answer the questions below carefully. Please notify the radiographer if you answer **YES** to any of the following:

Please indicate if you have **EVER** had any of the following?

	Yes	No
Cardiac pacemaker or defibrillator?		
Surgery on your heart (e.g. heart valve replacement)?		
Cerebral Aneurysm Clip?		
Cochlear or stapes (ear) implant?		
Injury to the eye involving metal?		
Neurostimulator or any other magnetic or electronic devices?		
Shunt (spinal or intraventricular)?		
Surgery on the spine?		
Surgery involving metal (e.g. clips, coils or implants)?		
Metallic fragment or foreign body (e.g. shrapnel)?		
Any medicated skin patches (e.g. nicotine)?		
Tattoos or permanent makeup?		
Kidney problems?		
Allergies?		
Comments:		

Female Patients Only

Is there any possibility that you may be pregnant or breast feeding?		
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- All metal objects must **not** be taken into the MRI Scanner including mobile phone, watches, keys, coins, wallet, dentures, glasses, hearing aid, jewellery etc.
- I have read and understood the above questions and I can confirm that I have answered them to the best of my knowledge.

Patient/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____